



Resource Protection Area Buffer Modification Request FORM B – Buffer Modification

I. Buffer Modification Request

Please check which type(s) of activities best describes your request:

- | | |
|---|---|
| <input type="checkbox"/> Sightlines/Vistas | <input type="checkbox"/> Access Paths |
| <input type="checkbox"/> Removal of dead/dying/diseased tree(s) | <input type="checkbox"/> Shoreline Erosion Control Structures |
| <input type="checkbox"/> Removal of noxious weed(s) | |

II. Description of Project

Description of Proposed
Activity:

Size of Proposed Buffer
Modification into the RPA (ft²):

III. Contractor Information

If Applicable, please complete the following fields:

Name of Contractor:

Contractor's Address:

City, State, ZIP

Contractor's Phone Number:

Work: ()

Cell: ()

Contractor's Email:

III. Signature

I/We hereby certify that to the best of my/our knowledge all the statements in this application and statements contained in any exhibits transmitted are true. **(NOTE: The property owner must sign the application. If the property owner does not sign the application, the agent must have limited Power of Attorney).**

(Printed Name of Property Owner(s) or Agent acting for Property Owner)

(Signature of Property Owner(s) or Agent acting for Property Owner)

Date

(Printed Name of Applicant, *if different from property owner*)

(Signature of Applicant, *if different from property owner*)

Date